

Montana Communicable Disease Weekly Update: 01/30/09

DISEASE INFORMATION

Summary – Week 03 – Ending 1/24/09 – Disease reports received at DPHHS during the reporting period January 18-24, 2009 included the following conditions: various enteric conditions (campylobacteriosis, cryptosporidiosis, giardiasis, salmonellosis, yersiniosis), an invasive *S. pneumoniae* and continued varicella activity. *NOTE: The spreadsheet has multiple pages, each indicated by a tab in the bottom left corner. Tabs on the worksheet reflect the following: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.*

NEW! Norovirus Activity Statewide – Attached is a report depicting confirmed norovirus testing results from the Montana Public Health Laboratory from 1/1/09 through 1/29/09. Activity is being reported statewide and there have been several institutional clusters. *Please remember to report clusters and outbreaks to CDEpi.* Educational and informational information is available at <http://cdepi.hhs.mt.gov>.

Influenza Surveillance – As of 01/24/09, Montana's influenza activity has been upgraded to REGIONAL. Activity is increasing around the state. As of 01/30/2009 there were 30 MPHL PCR confirmed cases of influenza in the following counties (type): Big Horn (1-A:H1); Cascade (6-A:H3); Deer Lodge (1-B); Flathead (2-A:H1); Gallatin (2-A:H3, 1-B); Lewis & Clark (3 – A:H1); Missoula (2-A:H1, 2-A:H3, 2-B); Pondera (1-A:H3); Silver Bow (2-A:H1); Sweet Grass (1-B) and Yellowstone (3-A:H3).

IMPORTANT! New Influenza Report - There are two reports attached to this weekly report:

1. A summary report that includes surveillance information on confirmed isolates and influenza-like illness (ILI) around the state. This report will always be one week behind due to the delay in receiving ILI information from around the state.
2. An up-to-date **characterization of H types** for influenza A cases in the state. In light of information from the CDC that H1 types are resistant to oseltamivir (Tamiflu) and in order to assist clinicians with antiviral therapeutic/prophylaxis decisions, it will be important to monitor influenza H types and provide this information in a timely fashion.

Watch the CDEpi web site at <http://cdepi.hhs.mt.gov> for updates to these two reports.

Flu season typically peaks in January or later and has been in February or March in 11 of the past 20 seasons. National weekly updates about influenza: <http://www.cdc.gov/flu/weekly/>

Oseltamivir Resistance – The CDC issued “Interim Recommendations for the Use of Influenza Antiviral Medications in the Setting of Oseltamivir Resistance among Circulating Influenza A (H1N1) Viruses” on December 19, 2008. (<http://www.cdc.gov/flu/professionals/antivirals/index.htm>) An excellent review of antiviral usage and a summary of the recommendations was presented by Anthony E. Fiore, MD, MPH of the CDC on a webinar on January 8, 2009 and is available at <http://www.emergency.cdc.gov/coca/callinfo.asp>.

INFORMATION / ANNOUNCEMENTS

NEW! STD 2008 Reporting Deadline - The Montana STD Program requests that local health departments and IHS/Tribal health departments send in chlamydia, gonorrhea and syphilis case records to the STD Program by February 16, 2009. Please make sure that reports contain all demographic data, e.g., race, date of birth and gender. If you have questions or concerns, please contact Laurie Kops, 444.2457, lkops@mt.gov or Cara Murolo, 444.2678, cmurolo@mt.gov.

Haemophilus influenzae serotype B - The CDC has released information on a series of 5 recent cases of *Haemophilus influenzae serotype b* (Hib) disease in Minnesota that reminds us that serious vaccine-preventable diseases do occur. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e0123a1.htm>) The incidence of this disease has decreased since the early 1990s when the vaccine was licensed; the last case in Montana was in 2001 and the last case in a child under the age of 5 was in 2000. Although there is a

current shortage of vaccine, *there is enough vaccine to ensure that all children under the age of 12 months receives the primary series and children at increased risk for Hib disease, including American Indian/Alaska Native children receive a full schedule.* Providers should report all cases of invasive (meningitis, bacteremia) *Haemophilus influenzae* disease and send isolates to the Montana Public Health Laboratory for serotyping. Questions about vaccination can be directed to the Immunization Program at 406.444.5580 and surveillance to the CDEpi Program at 406.444.0273.

UPDATE! Salmonella typhimurium Outbreak – As of January 30, 2009, there were 529 in 43 states with the most recent onset date 1/16/09. At this time, there have been NO confirmed cases and bulk peanut butter product has not been distributed in Montana; however, the outbreak investigation is ongoing and changes are likely to occur. For updates regarding the outbreak: <http://www.cdc.gov/salmonella/typhimurium/>. For updates to the recall: <http://www.fda.gov/oc/opacom/hottopics/salmonellatyph.html>. Please remind providers to: (1) be alert for symptoms of salmonellosis: fever, abdominal pain and diarrhea that may be bloody; (2) for patients with symptoms – ask about food history (including peanut butter and peanut butter containing products), travel, contact with ill persons and animals 5 days prior to onset of symptoms AND obtain a stool culture to test for enteric pathogens including *Salmonella* and (3) immediately report *suspected and confirmed* cases to local public health department. Clinical isolates of *Salmonella* should be forwarded to the Montana Public Health Laboratory for further testing. The Food and Consumer Safety program is working with local sanitarians to conduct effectiveness checks related to the recalls.

CLINICAL RESOURCE! Diagnosis and Management of Foodborne Illnesses – This primer on diagnosis and treatment of foodborne illness is directed to physicians and other health care professionals as a reminder about disease management as well as their important role in recognizing suspicious symptoms, disease clusters, and etiologic agents, and reporting cases of foodborne illness to public health authorities. <http://www.cdc.gov/mmwr/PDF/rr/rr5304.pdf>

REMINDERS

NEW! Epi Cell Phones – If you need to be out of state, please call Lydia Bloom at 406.444.0273 at least one week before you leave to have out of state cell phone service activated on your phone. This avoids unnecessary roaming charges. Thanks for your assistance!

24/7 Availability – Did you know that the Epidemiology program has a phone line that is answered 24 hours a day/7days a week/365 days a year? Please call 406.444.0273 if you need immediate epidemiology assistance or consultation! The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.